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ABSTRACT

An adaptation of "communication audit" procedures was used to evaluate the communication patterns at a mental health center (MHC). The evaluation included initial interviews with 28 MHC workers/administrators, a survey of 215 staff members for a communication network analysis, and followup interviews with another 28 persons. The data produced four "themes" in the communication at the MHC: (1) the adequacy of information dissemination in the organization was very uneven; (2) the separation between top and middle management and the rest of the organization was acute, constituting a barrier to effective information flow; (3) patterns of information flow created problems within the organization at all levels; and (4) the manner in which the organization's members performed their assigned tasks created problems within the organization; inability to deal with nonroutine situations tended to create a sense of isolation from the rest of the institution's activities. In summary, the patterns of information flow at the MHC indicated an organization struggling for common identity. There appeared to be two groups operating within the same organization, groups with different perspectives on how the organization should function. These groups used different communication patterns to reflect their perspectives. The study also suggested that organizations as disparate from the industrial model as a mental health center could be analyzed through techniques such as the communication audit. (RI)

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A COMMUNICATION AUDIT OF A STATE MENTAL HEALTH INSTITUTION

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A COMMUNICATION AUDIT OF A STATE MENTAL HEALTH INSTITUTION¹

The study of communication within organizations has been a slow, laborious process. Despite efforts to build a theory of organizational communication around the construct of "climate" (Redding, 1972; Dennis, 1975) or around the construct of "information transmission" (Farace, Monge, and Russell, 1977; Rogers and Agarwala-Rogers, 1976), no single, unified theory has emerged to account for communicative phenomena within organizations (Porter and Roberts, 1976). Even the most sophisticated of research projects on organizational communication (Roberts and O'Reilley, 1978) have produced data which are amenable to correlational, rather than causal, analysis. The lack of theoretical progress has prompted writers to call for the study of individual organizations as "an N of one" (Porter and Roberts, 1976) in an attempt to cope with the mountain of data typically generated by any comprehensive research project carried out in an organizational setting.

One means of attempting to "molehill" data into usable form has been the development of a "communication audit" procedure by a team of researchers affiliated with the International Communication Association (Goldhaber, Yates, Porter, and Lesniak, 1978). Through a variety of data-gathering techniques, the procedure provides a means of constructing a communication "picture" of an organization that is useful for both research and diagnostic purposes. Evidence of the efficacy of each purpose may be found in the growing number of studies employing the audit data bank for research

purposes (Spiker, 1979) and in indications from audited organizations that the procedure improved awareness of communication difficulties and presented some means for resolving those difficulties (Brooks, Callicot, and Siegerdt, 1979).

This paper reports the outcome of the eighteenth audit entered into the data bank. The audited organization was a state mental health institution in Ohio. The remainder of this report will (1) provide background on communication within mental health organizations, (2) describe the audited organization in terms of its physical and operational characteristics, and (3) detail and discuss the communication "picture" of this institution that resulted from the application of the audit procedure.

Background - Communication within mental hospitals has not been studied to the degree that it has in that institution's medical and penal cousins. The few existing studies have been limited either to small-scale observations or to interviews within a single care unit (McKeighen, 1968; Morrill, 1968; Julian, 1966). Other observational studies have tended to take a critical stance on institutional life rather than detailing the antecedents or the consequents of communicating in such an environment.

Goffman's (1961) description of life in a British mental institution is a case in point. Though Goffman did set down in general terms his impressions of staff-patient and patient-patient communication, he ignored staff-staff communication in his interest of generating a theory of a "total institution." Goffman characterized total institutions as having a small number of staff watching over a large number of inmates, utilizing minimal staff-patient interaction, rigid staff-patient distinctions, and strict codes of inmate conduct as a means of keeping order. Nowhere did

Goffman indicate that an organization concern for such an institution was treatment and/or cure.

Reaction to Goffman's characterization also ignored staff-staff interaction. Rosengren (1964) proposed that an alternative to the total institution could be called the "therapeutic milieu." In such a setting rigid staff-patient distinctions, strict rules, and power relationships would give way to an organization where responsibilities were overlapping, including responsibility for care and treatment of the residents. Szasz (1962) attacked the need for mental institutions at all, contending that those who frequent such facilities would be better served by being treated within the community itself. Braginsky, Braginsky, and Ring (1969) countered Szasz (1962) by proposing three functions for mental hospitals: (1) to treat, especially in crisis situations; (2) to provide custodial care for those who have no alternative place to obtain such care; and (3) to provide "asylum," or a place of temporary shelter from the pressures of an "overly-repressive" world.

Despite evidence that all of the positions offered by these writers have been adopted in one form or another, the overall impression is that life in a state mental institution is bleak for staff and patients alike. For example, Smith and King (1975) found that messages sent to the business office correlated more highly with patient adjustment than did messages sent to the medical or psychological staff. Moreover, a recent newspaper investigation (Timnick, 1979) reported on a state mental hospital where all of the "reforms" had turned to sham: the "therapeutic milieu" was a name given to a free-form bull session, attempts at "asylum" were limited by restricted state dollars, drugs were heavily employed to keep residents

subdued, and "community treatment" meant sending patients back to the situations from which they fled in the first place, usually without any community-based therapeutic assistance.

Given such an environment, it seems reasonable to wonder to what extent staff communication patterns were similar to or different from those of other organizations. It was to such an inquiry that the present study was addressed.

METHOD

The organization - The audited organization was a state mental health center located in a rural part of Ohio. The physical facilities of the institution were typical of other such institutions in the eastern half of the United States. Many of the buildings were of nineteenth century vintage. The large main building housed the mental health units, while surrounding cottages were used for mentally retarded residents. The mental retardation unit was excluded from this study. To simplify identification, we will refer to the organization as "Mental Health Center" or "MHC."

There were three mental health units at MHC: (1) an Admissions Unit, which was designed to treat crisis cases for up to thirty days per stay; (2) a Chronic Unit, which housed patients aged 18 through 65; and (3) a Geriatric Unit, which housed patients over 65 years of age. At the time of the data collection, the MHC census consisted of approximately 250 patients.

Staff were assigned to care units (listed above) or to departments which serviced the units. Departments were of either a direct care (e.g.,

nursing, psychology, social services) or a support (e.g., dietary, house-keeping, maintenance) nature. Ward staff and a few of the departments maintained three shifts, and there was a one-half hour overlap among these shifts. The overlap time was used to convey messages about unusual occurrences, changes, or policies regarding patients or center operation. Administrative staff kept normal business hours. MHC employed approximately 350 individuals, excluding the mental retardation unit, at the time of the study.

The top management group at Mental Health Center consisted of the superintendent, the assistant superintendent, the medical director, the business manager, and the personnel director. Meetings of this group were also attended by a staff chaplain, who functioned as the patients' rights advocate. Middle management consisted of unit administrators and department heads. The larger units and departments also employed first-line supervisors. The medical director had overall responsibility for the units and direct care departments, while the business manager had overall responsibility for support departments.

Ward staff and support staff were typically drawn from the communities surrounding the center, while members of the professional staff typically moved into the area to assume their positions. Because of unusually heavy inbreeding, many of the local staff were related to at least one other person who was also employed at MHC.

Two unions operated at MHC. While both unions competed for membership, one union typically attracted professional staff while the other union typically attracted ward and support staff.

Mental Health Center used the "team" approach to patient care: that

is, staff members assigned to various wards met periodically to discuss changes in their patients and to modify treatment programs. Departments typically functioned in a less participatory manner.

Procedures - The communication audit procedures employed in this study have been described in detail elsewhere (Goldhaber, 1977). Certain minor modifications in procedure are detailed below:

(1) Initial interviews - Persons selected for interview were included because they had been identified by individuals in the surrounding community who had frequent contact with MHC as being "knowledgeable sources" or because they had been selected at random to represent an authority level, job type, or shift in the organization. A total of 28 persons were interviewed.

(2) Survey instrument, critical experiences, and network analysis - The paper and pencil measures were administered as a package. Most employees completed the package in a classroom during regular work hours. A few employees completed the package at their regular work stations. A total of 215 staff members responded to the measures. Because the researchers had been forewarned about potential reading difficulties among staff, instructions were rewritten to simplify their phraseology without modifying their character. Despite these efforts, however, it was discovered that the error rate in the completed network analysis forms was substantial enough so that confidence in the results could not be maintained (Richards, 1974). The network analysis was therefore discarded.

(3) Follow-up interviews - Another 28 persons were selected for interview following the analysis of the paper and pencil measures. These interviews were conducted approximately nine months after the initial interviews.

(4) Diary - The diary measure was not used in this study.

RESULTS

Both quantitative and nonquantitative data were collected through the audit procedure. The quantitative data provided the communication picture with its outline and served as the basis for comparing that outline with those of other organizations. The nonquantitative data were used to fill the picture in, to provide it with detail and depth. This section presents the analytic procedures applied to both types of data, as well as the results of those analyses.

Quantitative data - The survey instrument served as the sole source of quantitative data in this study. This measure consisted of thirteen scales which measured staff perceptions of current quantity and needed quantity of various communication activities: receiving information, sending information, follow-up on information sent, sources of information, timeliness of information received, satisfaction with relationships, satisfaction with organizational outcomes, and channels of communication. Topics which had both a "current" and a "need" scale associated with them were also amenable to the computation of an "uncertainty" scale, whose value was the sum of "need" minus "current" for each item in the scale. Positive scores on this scale were said to be associated with "inadequacy," while negative scores were associated with "overload."

Table 1 about here

Table 1 indicates means, standard deviations, and reliability coefficients for each of the thirteen scales. It should be noted that the

Table 1
Means^a, Standard Deviations, and
Reliability of Survey Scales

Scale	Current Quantity				Need			
	N	Mean	SD	Rel.	N	Mean	SD	Rel.
Receiving Information	13	2.71	.62	.83	13	3.35	.74	.90
Sending Information	7	2.91	.64	.69	7	3.09	.86	.85
Follow-up	5	2.63	.82	.76	5	3.09	1.00	.82
Sources of Information	9	2.55	.65	.74	9	3.09	.79	.83
Timeliness	6	2.86	.67	.66	--	--	--	--
Organizational Communication Relationships	19	3.25	.71	.92	--	--	--	--
Organizational Outcomes	13	2.78	.64	.88	--	--	--	--
Channels of Information	8	2.68			8	3.10		
Stress	7	1.89	1.28	.82	7	1.49	1.00	.82

^aScale scores range from 1 to 5. 1=very little, 2=little, 3=some, 4=great, 5=very great

pattern of means showed the mean on the "need" scale to be higher than the mean on the corresponding "current" scale. Such a finding was a general one across organizations, however, as indicated in Table 2.

 Table 2 about here

Table 2 compares the means and standard deviations of this organization to other data bank organizations on an item-by-item basis. Examination of scale-by-scale patterns of inadequacies and overloads indicated the unique qualities of this organization as compared to the other organizations studied.

In the Receiving Information scale, staff perceived that they were receiving too much information about the organization's problems and not enough about matters which positively affected their job performances. The Sending Information scale indicated, on the other hand, that employees were reluctant to send potentially negative information upward, reporting lower need levels than other organizations. The Follow-up scale reinforced the findings of the previous two scales, with middle and top management being singled out as particularly negligent in responding to information.

The Sources of Information scale indicated low expectations for communication, as compared to other organizations. While almost all potential sources were rated lower than the norms on the "current" scale, most were also rated lower than the norms on the "need" scale. The pattern of inadequacies indicated that more information was desired from individuals within one's own work group. At the same time, the grapevine source item was rated higher on the "current" scale than the norm, while the "need" scale was rated lower than the norm.

Table 2
Comparison to Data Bank Norms

Scale--Item	Norm Comparison ^a		
	Current Quantity	Need	Uncertainty
<u>Receiving:</u>			
How well I am doing in my job	*	*	*
My job duties	*	*	*
Organizational policies	L	*	*
Pay & benefits	L	*	I
How technological changes affect my job	*	*	*
Mistakes & failures of my organization	*	L	O
How I am being judged	*	L	*
How my job-related problems are being handled	*	L	*
How organization decisions are made that affect my job	*	L	*
Promotion & advancement opportunities in my organization	L	L	*
Important new service or program developments in my organization	L	*	I
How my job relates to the total operation of my organization	*	*	I
Specific problems faced by management	*	L	O

Table 2--Continued

Scale--Item	Norm Comparison ^a		Uncertainty
	Current Quantity	Need	
<u>Sending:</u>			
Reporting what I am doing in my job	*	*	0
Reporting what I think my job requires me to do	*	*	*
Reporting job-related problems	*	*	*
Complaining about my job and/or working conditions	*	L	0
Requesting information necessary to do my job	*	*	*
Evaluating the performance of my immediate supervisor	*	L	0
Asking for clearer work instructions	*	L	*
<u>Follow-up:</u>			
Subordinates	L	*	*
Co-workers	L	*	*
Immediate supervisor	L	*	*
Middle management	L	*	I
Top management	L	*	I
<u>Sources:</u>			
Subordinates	*	*	*
Co-workers in my own unit or department	L	*	I
Individuals in other units, departments in my organization	L	L	*
Immediate supervisor	L	*	I
Department meetings	L	L	I
Middle management	L	L	*
Formal management presentations	L	L	*
Top management	L	L	*
The "grapevine"	H	L	0

Table 2--Continued

Scale--Item	Norm Comparison ^a		Uncertainty
	Current	Quantity Need	
<u>Timeliness:</u>			
Subordinates	L	--	--
Co-workers	*	--	--
Immediate supervisor	*	--	--
Middle management	L	--	--
Top management	L	--	--
The "grapevine"	H	--	--
<u>Relationships:</u>			
I trust my co-workers	*	--	--
My co-workers get along with each other	*	--	--
My relationship with my co-workers is satisfying	L	--	--
I trust my immediate supervisor	*	--	--
My immediate supervisor is honest with me	*	--	--
My immediate supervisor listens to me	*	--	--
I am free to disagree with my immediate supervisor	*	--	--
I can tell my immediate supervisor when things are going wrong	*	--	--
My immediate supervisor praises me for a good job	*	--	--
My immediate supervisor is friendly with his/her subordinates	*	--	--
My immediate supervisor understands my job needs	*	--	--

Table 2--Continued

Scale--Item	Norm Comparison ^a		Uncertainty
	Current Quantity	Need	
<u>Relationships (continued):</u>			
My relationship with my immediate supervisor is satisfying	L	--	--
I trust top management	L	--	--
Top management is sincere in their efforts to communicate with employees	L	--	--
My relationship with top management is satisfying	L	--	--
My organization encourages differences of opinion	*	--	--
I have a say in decisions that affect my job	*	--	--
I influence operations in my unit or department	*	--	--
I have a part in accomplishing my organization's goals	*	--	--
<u>Outcomes:</u>			
My job	L	--	--
My pay	L	--	--
My progress in my organization up to this point in time	L	--	--
My chances for getting ahead in my organization	L	--	--
My opportunity to make a difference--to contribute to the overall success of my organization	L	--	--

Table 2--Continued

Scale--Item	Norm Comparison ^a		Uncertainty
	Current Quantity	Need	
<u>Outcomes (continued):</u>			
My organization's system for recognizing & rewarding outstanding performance	L	--	--
My organization's concern for its members' welfare	L	--	--
My organization's overall communicative efforts	L	--	--
Working in my organization	L	--	--
My organization, as compared to other such organizations	L	--	--

^aKey:

- * = similar to norms
- L = lower than norms
- H = higher than norms
- I = inadequate compared to norms
- O = overload compared to norms

The Timeliness of Information Received scale reflected both the patterns of the Follow-up and of the Sources scales.

The Satisfaction with Relationships scale produced few perceptions that differed from the norms. The items on "top management" were rated lower than the norms, as were items using some form of the word "satisfy." Nonetheless, all of the items on the Satisfaction with Organizational Outcomes scale scored lower than the norms for other organizations in the data bank. The two Channels of Information scales were relatively new to the survey; thus, no reliable normative information could be produced for comparison purposes.

The survey instrument also contained a number of demographic items, and these items were used to compare scale scores within groups on a post hoc basis. While it would be foolhardy to place much faith in any one of these tests, patterns of similar findings can be instructive. Such patterns emerged for three of the demographic items: supervisory level, educational level, and amount of communication training.

Table 3 about here

Table 3 indicates the scales on which one-way ANOVAs revealed within-category differences in scores. In all cases, differences formed a linear trend such that the lowest levels of each demographic were lowest on the scale. It should be noted that amount of communication training made no difference in the receiving, sending, and follow-up scales, while it was the only demographic of the three for which a difference in satisfaction with relationships was indicated. It should also be noted that none of the three demographics indicated any differences on either sending scale, on

Table 3
Patterns of Significant Variance (alpha = .05)
for Three Demographic Variables

Scale	Supervisory level ^a	Education ^b	Communication training ^c
Receiving - current	*	*	ns
Receiving - need	*	*	ns
Sending - current	ns	ns	ns
Sending - need	ns	ns	ns
Follow-up - current	*	*	ns
Follow-up - need	ns	ns	ns
Sources - current	*	*	*
Sources - need	*	*	*
Timeliness	*	*	*
Relationships	ns	ns	*
Outcomes	*	ns	ns
Channels - current	*	*	*
Channels - need	ns	ns	ns

^aCategories were: (1) I don't supervise anybody, (2) First-line supervisor, (3) Middle management, (4) Top management.

^bCategories were: (1) Less than high school graduate, (2) High school graduate, (3) Some college or technical school, (4) Completed college or technical school, (5) Graduate work.

^cCategories were: (1) No training at all, (2) Little training (attended 1 seminar, workshop, training activity, or course), (3) Some training (attended a few seminars, workshops, training activities, or courses), (4) Extensive training (attended a great number of seminars, workshops, training activities, or courses).

the need for follow-up scale, or on the need for channels scale. Moreover, supervisory level was the only one of the three demographic variables which accounted for differences in the satisfaction with organizational outcomes scale.²

Table 4 about here

Another pertinent comparison seemed to be among the three care units. Because of differing philosophies of care, these three units ought to have exhibited contrasting patterns of scale scores. Table 4 indicates that such contrasts were in evidence. The Geriatric unit, where custodial care was of higher priority than treatment, was not substantially different from the rest of the staff as a whole on any of the scales. The Admissions unit, which placed the highest premium on treatment and cure of any of the three units, reported higher scores on the relationships and outcomes scales than did staff in general, but they also reported lower scores on need for sending information and need for follow-up. The Chronic unit exhibited the most distinctiveness of the three, though, with higher scores on all of the need scales, plus the current sending information scale, and lower scores on the relationships and outcomes scales. The only scales on which the perceptions of the Chronic unit were similar to the rest of the staff, in fact, were those involving the current quantity of communication directed toward the unit.

Nonquantitative data - The nonquantitative data collected in this audit consisted of the critical experiences and the initial and follow-up interviews. The method of analyzing these data involved a content analysis procedure for the critical experiences, followed by reduction of the content categories into "themes." Data from the two sets of interviews were then overlaid for

Table 4
Comparisons of Means on Three Care Units to
Overall Mean for All Staff

Scale	Unit ^a		
	Admissions	Chronic	Geriatric
Receiving - current	S	S	S
Receiving - need	S	H	S
Sending - current	S	H	S
Sending - need	L	H	S
Follow-up - current	S	S	S
Follow-up - need	L	H	S
Sources - current	S	S	S
Sources - need	S	H	S
Timeliness	S	S	S
Relationships	H	L	S
Outcomes	H	L	S
Channels - current	S	S	S
Channels - need	S	H	S

^aKey:

S = unit mean is similar to the grand mean
H = unit mean is greater than the grand mean (alpha = .05)
L = unit mean is less than the grand mean (alpha = .05)

elaboration purposes. The balance of this section reports this process in greater detail.

Three hundred sixty critical experiences (100 positive and 260 negative) were generated from the forms included in the survey. On each form, the respondents were asked to indicate (1) the numbered item on the questionnaire to which the incident referred, (2) whether the incident was a positive or a negative one, and (3) the level of organizational authority (e.g., subordinates, co-workers, immediate supervisor, middle management, top management) to which the incident referred.

A preliminary examination of the incident-by-item matrix generated by this procedure suggested content categories under which incidents might be classified. These categories were refined by a member of the research team, then checked and critiqued by two other members. Finally, the system was pilot-tested on several of the incidents and was refined further until team members were satisfied that it could be applied reliably. One member of the team classified the incidents; periodically, another member would work simultaneously but independently with the first member in order to assure that classification reliability was maintained.

The categories, along with their operational definitions, follow:

1. Organizational structure - The incident refers primarily to operations that go well or poorly principally because of how the organization has constituted its formal procedures.
2. Organizational function - The incident refers primarily to an occurrence where things went well or did not go well principally because of how one or more individuals performed assigned duties.
3. Information flow - The incident refers primarily to quantity, rate or timeliness of information needed to accomplish a given task.
4. Information meaning - The incident refers primarily to correct or incorrect interpretations of messages, based on the sender's intent.
5. Interpersonal relations (superior/subordinate) - The incident refers primarily to evidence of the quality of the relationship between the writer and that individual's superior or subordinate; incidents

referring primarily to the quality of superior or subordinate performance were classified under "organizational function."

6. Interpersonal relations (peer) - The incident refers primarily to evidence of the quality of the relationship between the writer and one or more co-workers.
7. Scapegoating - The incident refers to negative experiences with one or more individuals without referring to either a specific instance or to the name or function of that individual or group.
8. Meetings and leadership - The incident refers primarily to small group interaction, team productivity, or to the quality of leadership at meetings.
9. Columbus - The incident refers primarily to relationships or to policies that specifically involved one or more individuals at state headquarters or in the state legislature. If a specific instance was not reported, the item was classified as "scapegoating."
10. Training - The incident refers primarily to the quality of training which the writer had received or to training which was or was not available to the writer.
11. Stress - The incident refers primarily to an experience (or to an ongoing class of experiences) which produced stress beyond that which might normally be expected.
12. Miscellaneous - This category was used to classify incidents which could not be placed in any of the above categories.

After classification into the above sign system, the codings were summarized and arrayed in tabular form. Table 5 depicts the results of that array.

Table 5 about here

Comparison of column marginals showed that there was a two-to-one ratio in the percentage of positive-to-negative experiences referring to subordinates and co-workers, while the percentages of positive and negative experiences for immediate supervisors and top management were about equal. The "middle management" category displayed a substantial bias toward negative experiences.

Comparing row marginals, it was noted that experiences which were classified as "interpersonal relations (peer)" showed a three-to-one positive-to-negative ratio. Those classified as "interpersonal relations

Table 5
Content Analysis of Critical Incidents

Positive Rating							
<u>Level of Organization Referred to</u>							
Category	Sub- ordinate	Co- Worker	Immed. Supv.	Middle Manage.	Top Manage.	None	Row Marginal ^a
Organization structure	1	1	1	--	1	--	4.00
Organization function	--	5	5	1	3	4	18.00
Information flow	1	1	--	1	2	--	5.00
Information meaning	2	2	1	--	1	--	6.00
Interpersonal (Superior/subordinate)	6	4	15	1	4	--	30.00
Interpersonal (Peer)	2	18	1	--	--	1	22.00
Scapegoating	--	--	--	--	--	--	0.00
Columbus	--	--	--	--	1	--	1.00
Leadership	1	1	--	--	7	1	10.00
Training	--	2	--	--	--	--	2.00
Stress	--	--	--	--	--	--	0.00
Miscellaneous	--	1	--	--	--	1	2.00
Column marginals ^a	13.00	35.00	23.00	3.00	19.00	7.00	

^aThese figures are percentages of their respective rows or columns when compared to the total number of positive experiences.

Table 5 - Continued
Content Analysis of Critical Incidents

Negative Rating							
Category	Level of Organization Referred to						Row Marginal ^b
	Sub- ordinate	Co- Worker	Immed. Supv.	Middle Manage.	Top Manage.	None	
Organization structure	1	3	--	9	6	3	8.46
Organization function	4	16	11	18	11	4	24.62
Information flow	4	6	4	2	5	2	8.85
Information meaning	1	2	3	4	1	3	5.38
Interpersonal (superior/subordinate)	5	4	33	7	5	1	21.15
Interpersonal (peer)	--	15	1	1	--	--	6.54
Scapegoating	1	1	5	17	14	2	15.38
Columbus	--	1	1	1	8	--	4.23
Leadership	--	1	--	3	3	--	2.69
Training	--	--	--	--	1	1	0.76
Stress	1	--	--	--	1	1	1.15
Miscellaneous	--	--	--	1	--	1	0.76
Column marginals ^b	6.54	18.85	22.31	24.23	21.15	6.92	

^bThese figures are percentages of their respective rows or columns when compared to the total number of negative experiences.

(superior/subordinate)," on the other hand, were only slightly more positive than negative, while experiences relating to organizational structure and function tended to be more negative than positive in type. Over fifteen percent of the negative experiences could be classified as scapegoating. Positive experiences with meetings and leadership substantially outweighed negative ones, although the small number of total experiences in this category makes the magnitude of this difference questionable.

Certain between-cell comparisons also proved to be revealing. Sixty-eight percent of the negative experiences classified as relating to organizational structure were attributed to top or middle management, while negative "functional" experiences seemed to be distributed about equally across authority levels. Subordinates tended to report about equal percentages of positive and negative experiences about their superiors, but superiors were more likely to report positive experiences about their subordinates than negative ones.

Reducing the categories and their associated data further produced four "themes." Elaboration on these themes, including examples gathered from the interview data, is presented below.

1. The adequacy of information dissemination in the organization is very uneven. Both positive and negative aspects to information dissemination within MHC were reported. On the positive side, employees cited cohesiveness within work units as contributing to keeping each other informed about events which occurred within that unit or department. Respondents also indicated that they had adequate resources for gaining information or for solving problems within their own specific areas and during their own shifts.

Group meetings for those who worked in different areas of the hospital to solve common problems (e.g., for IPN's or housekeepers) also seemed to be a source of satisfaction.

Using the "team" approach to patient care was favored by the staff. Most respondents cited the opportunity to contribute to treatment decisions as the chief reason for their support of this approach.

On the negative side, information between units or departments and information flowing downward in the organization were judged to be less than adequate. Much of this information was transmitted in written form, while employees indicated a preference for oral communication as a means of obtaining information. For example, several employees cited that they often received interoffice memoes too late for action. Another source of dissatisfaction was the posting of internal job opportunities on a bulletin board. Several employees complained of not being able to obtain information on promotional opportunities in a timely fashion. While other staff members noted that, "If they don't read the bulletin board it's their own fault," the fact remains that many employees do not (or cannot) avail themselves of this information medium.

An exception to the general dissatisfaction with downward information flow was the Center newsletter, which was reported to be both interesting and timely. The newsletter was distributed in paycheck envelopes, which may have accounted for its more favorable reception. As an alternative to the formal channels for downward-directed information, many staff reported that an active grapevine had emerged.

Problems of coordination among units and/or departments were also cited. These problems seemed to occur most often during shift changes.

During this time, direct care staff were supposed to relay to the next shift information regarding patients, but the process apparently lacked structure and often did not accomplish its purpose. This problem seemed particularly acute during the change between evening and day shifts. There was also a certain amount of distress voiced that the team meetings were always held during day shift; some afternoon and evening employees felt that not all of their concerns about patient care were being handled at the team meetings.

Another coordination problem emerged between direct care staff and some support departments. These two areas of the hospital operated differently, and these different modes generated misunderstandings between their respective staffs. For example, despite a reported effort on the part of the maintenance department to handle work orders as they were received, complaints were voiced from ward staff that "high priority orders" (such as replacing light bulbs) were not "fixed" for long periods of time.

Finally, some evidence of problems in upward communication emerged, although these were not as clearly defined as were the downward-directed problems. While many employees felt that they could have their grievances or conflicts resolved, not all felt comfortable approaching their immediate supervisors with those problems or conflicts. To fill this gap, respondents indicated, the two employee organizations (unions) acquired a "shadow force" role in mediating between employees and supervisors, much as the grapevine served as a "shadow force" in disseminating downward-directed information.

2. The separation between those individuals who can be classified as being "top" and "middle" management and the rest of the organization is acute and constitutes a particular barrier to effective information flow.

These two groups appeared to have substantially different views of the organization's goals. In the initial interviews, management most often cited goals of efficiency, finances, and facilities (such as meeting accreditation standards), while other employees (including first-line supervisors) most often cited personal goals (such as salary or job security), or indicated that the Center either had "no" goals or that its chief goal was continued existence.

The most frequently indicated problem resulting from the sharp separation between management and the remaining personnel was "avoidance," or ignoring low-priority requests. To deal with the problems created by such avoidance (which reportedly occurred on both sides of the management/staff division), "bypassing" tended to result. Although not uncommon in large organizations, "bypassing" at the Center appeared to be a routine way of dealing with problems. The superintendent and the unit administrators seemed to be the prime recipients of messages which bypassed others, often resulting in information overload for those individuals.

This negative attitude also affected routine information management. For example, complaints that meetings were poorly run and that individuals were out of touch with the day-to-day operations of a unit or department were frequent. The responsible individuals were then perceived as imposing requirements on staff which were considered impossible to perform. The fact that more than one management interviewee also complained about poorly-run meetings emphasized the problem.

3. Patterns of information flow create problems within the organization at all levels. Some information flow problems in the organization were perceived as being of long standing duration. For example, the staff

physicians were perceived by several respondents as being overloaded with information. The team approach was created to deal, in part, with the overload, but the interviews revealed tension within the teams between the medical and non-medical staff. The conflict seemed especially acute between the medical staff (e.g., physicians and nurses) and the nonmedical treatment professionals (e.g., psychologists and activities therapists). Differences over such topics as treatment plans, the amount of attention accorded to any one patient, and discharge plans were manifestations of the basic disagreement. Interviewees reported that many of these disputes were resolved by the staff physician making a unilateral decision.

Another information flow problem was attributed to the administration of the hospital. As in many large organizations, authority tended to be perceived as being located within a few individuals at the top of the organization. This problem of power concentration seemed especially difficult for middle management personnel, who reported being caught between attempting to implement directives from above while fielding complaints from below. Intensifying the problem was the fact that many middle managers had not received any training in management skills and reported feelings of discomfort with some of their duties.

A third problem attributed to poor information flow centered on advancement opportunities within the organization. Several staff members complained that they were never able to find out when positions were available. When probed, most of these individuals reported feelings of demoralization or lack of incentive to do their best work as being a result of this concern.

A final information flow problem seemed to have resulted from the

dual unit/department structure of this particular organization. Where these essentially "separate" structures interfaced, informational bottlenecks often resulted. The most serious of these bottlenecks seemed to arise out of an employee having a supervisor who was not charged with formally evaluating that employee's work. Those employees interviewed who were in this position, reported a continuing frustration with communication with their supervisor. The reason most often given for this frustration was that these supervisors relied mostly on information received from others in evaluating the employee's performance.

4. The manner in which the organization's members perform their assigned tasks creates problems within the organization. These task-related problems resulted from perceptions of others that an individual's job performance was inconsistent with those individuals' expectations. While some of these problems appeared to be associated with routine tasks (e.g., work schedules not being completed in a timely fashion so that staff could plan ahead), the most frustrating ones arose out of "nonroutine" situations. A shift of ward from one location to another resulting in numerous coordination problems was mentioned frequently as an example of a situation where individuals were not prepared to cope with unique or unusual problems.

This inability to deal with that which was not routine tended to create a sense of isolation from the rest of the institution's activities. Several day-shift ward staffers reported frustration with having to coordinate the shuttling of various patients from one location to another in order to maintain schedules of treatment units. Afternoon and night shift workers reported greatest concern with following routine and greatest frustration

with the physical isolation of their jobs. Several members of the support staff complained that work efforts in their departments were frustrated by "interference" from outside authorities attempting to dictate how and/or when a task ought to be completed. Often, individual employees had little awareness as to how their jobs fit in the overall organizational pattern, and this lack of awareness seemed to promote resentment when coordination became necessary.

DISCUSSION

The picture which emerged from these data was one of two groups operating within the same organization. These two groups had differing perspectives on how the organization ought to function, and differing communication patterns reflected these perspectival distinctions.

In many ways, it seemed as though Goffman's (1961) notion of a patient "underworld" was in evidence for lower-level staff at MHC. These individuals differed from upper levels of management in a number of important ways. They tended to be native to the local area, to be less well educated in the formal sense, and to have been attracted to their jobs as a result of having few occupational alternatives in that geographic region. They also tended to distrust "outsiders" and to prefer oral to written channels of communication.

The distinction drawn above became evident in examining patterns of downward, upward, and horizontal communication. The data indicated that staff usually get the information they need, but not through formal channels. Much downward-directed information was communicated in written form, while the data suggested that oral forms of communication were

preferred. A frequent complaint, for example, was that promotion opportunities were not communicated adequately; the method for communicating these was posting on designated bulletin boards.

Moreover, two separate models of vertical information flow appeared to exist at MHC. Treatment units tended to be arranged according to a participatory model emphasizing team meetings. Although the format of these meetings appeared to be valued, staff often reported that such meetings were poorly managed. Specifically, lower level staff complained that, in spite of the emphasis on the team approach, treatment decisions were often made unilaterally. On the other hand, higher level staff indicated that lower level staff did not contribute meaningful information in such meetings. Thus, all levels of staff experienced some dissatisfaction with team meetings.

The second model of vertical information flow in operation at MHC was hierarchical. The expectation in such a model is that decision-making would be unilateral and passed on explicitly from the top downward. This model characterized communicative patterns for most nontreatment matters and especially affected support departments at MHC.

Where a hierarchical management style exists, it is not unusual to find that people hoard information to attain power. (Thayer, 1968). Thus, blockages in downward message flow are likely to occur. Such appeared to be the case at MHC. Staff, especially those in support departments, reported hearing from higher authority levels only when something went wrong, while rarely being praised for doing good work.

The highly active grapevine seemed to function as a response to the downward-directed information blockages rather than to any systematic

efforts by management to be secretive or to establish rigid rules of conduct. In this sense, the "underworld" of staff at MHC was a product of preference rather than one of absolute necessity. In this sense, the patterns of interaction were similar to those observed by Goffman, but the explanations of those patterns differed. The grapevine allowed for both needed and unneeded information to circulate, though the negative tone of much of the information promoted the impression that the organization's situation was worse than actually was the case. Overall, the grapevine contribution was to heightened feelings of demoralization.

Information traveling upwards also tended to be blocked. Survey results indicated that information flowing upwards tended to go up only one level, to an employee's immediate supervisor. Staff indicated, however, that they needed to send relatively little information upwards and that they were generally satisfied with what they reported to their supervisors. Many individual work groups perceived themselves as "islands" which had little or no relationship to other work groups within the hospital. They realized that they needed information in order to do their jobs, but they felt little need to report what they were doing to anyone outside of their immediate work groups. Consequently, middle and top management were left feeling that they did not receive adequate information about what was going on in the organization, while lower level personnel were left feeling that their problems and feedback were not being heard. The negative effect of this blockage was compounded by management's perception that they needed more information than the rest of the organization to function effectively.

Lower level employees often tried to avoid blockages by bypassing

levels of authority in order to deliver information. Although bypassing is usually a positive technique, its use at MHC frequently resulted in inappropriately directed information. For example, the hospital superintendent reportedly was often approached with problems which could have been handled by others.

Communicative practices at MHC created particular pressures for middle management. Lower level staff felt that middle management was not helpful with their problems. Middle management personnel were often assumed to have more authority than they actually possessed, as witnessed by the fact that, on the survey, middle managers were, in many instances, misperceived as being members of top management.

Simultaneously, top management expected their immediate subordinates to act as gatekeepers for lower level staff, filtering out information and problems which could be dealt with at lower levels of authority. Yet, because they often were bypassed by lower level staff, many middle managers were unable to fulfill such an expectation. The results of this bind seemed to be that middle managers were perceived as being blockers rather than facilitators of information flow.

Lower level employees appeared to be less satisfied with their relationship to "top management" than with other supervisory levels. This dissatisfaction, however, seemed to be a generalized one; specific individuals within the top management group appeared to be highly respected. What could be occurring is a "scapegoating" process where much of the blame for organizational and communicative problems is placed on a generalized concept of "top level administrators."

One finding clearly related to the difficulties in vertical

information flow at MHC was the lack of perceived common goals in the organization. Though one would expect individuals in the organization to have somewhat divergent goals, patient care would appear to be a goal which should be common to all levels of the organization. Yet, patient care was hardly mentioned as a goal in the initial interviews. The only uniform goal shared at all levels appeared to be the continued existence of the institution. Most employees saw their work as being simply a job and seemed to derive little intrinsic satisfaction from it. Thus, both job satisfaction and overall satisfaction with the organization may suffer because the organization lacked shared goals.

On the other hand, an overriding impression emerged that the organization's staff was made up largely of people who were legitimately concerned about the welfare of the people for whom they cared. Staff appeared to want to do the best job possible, given the resources at hand. Yet, in the perception of many, the available resources were not adequate to provide for much more than the basic needs of caring for the patients and for keeping the organization in operation. For those who shared this point of view, patient care was likely to be a frustrating experience and hence was unlikely to be perceived as a positive organization or individual goal.

The strength of the unions in this organization could be a reflection of upward blockages in the same manner as the strength of the grapevine was a reflection of downward blockages. If lower level staff felt that their concerns were not being heard by management, certainly one way of making those concerns felt would have been to express them through an organization that had the power to get and hold management's attention.

Given the above explanation, it was not surprising to find that horizontal patterns of communication were perceived as being both strong and satisfying. Physical and information isolation of work groups seemed to have created a feeling that each of these groups was like a separate unit in terms of its operation.

Such a perception appeared to have spawned two phenomena. The first was that power was granted to the mobile. Those who had contact with more than one work group had the ability to gather and spread information between such groups. Since information could be passed or withheld at will in such an arrangement, work groups were probably connected by "gatekeepers" instead of "liasons." Coordination among work groups would therefore have become a difficult task. The second is that work group members felt a false sense of security about information. If oral communication among members seemed to be satisfactory, then the tendency to keep written records of events might have suffered, resulting in some information being "lost." Such appeared to be the case at MHC.

The comparison among the three treatment units seemed especially pertinent here. The Admissions unit, which received the highest treatment priority and the most attention by the professional staff, showed greatest satisfaction with relationships and organizational outcomes while indicating least need for sending information upward about its activities or for receiving follow-up on information sent. The Chronic unit, which received the least attention from management in terms of physical improvements or staffing, seemed to be crying out for improved communicative efforts. This unit's pattern showed the least satisfaction with relationships and outcomes while indicating higher scores on all "need" scales of the survey

instrument. Treatment had not been a high priority on the Chronic unit, and it may be that making it a higher priority might resolve some of the staff's perceived needs. The Geriatric unit, which received increased staffing and physical remodeling in order to comply with Medicare standards, showed a communication pattern that was similar to that of the remainder of the staff. Indeed, this unit's philosophy of custodial care might have been analogous to the goal of "continued survival" so frequently mentioned by staff members as being primary.

In summary, the patterns of information flow at Mental Health Center seemed to paint a picture of an organization struggling for common identity. It was unclear whether a shared vision of what the organization is and what it ought to be had evolved in top management, but whether such was the case, it was clear that any extant vision had not been shared with lower levels of the staff. As a result, many employees were suspicious, frustrated, and demoralized.

While analyses of individual organizations by themselves may be of limited use in theory-building, such analyses are useful in their ability to confirm or disconfirm existing dogma and to suggest future directions for theory construction to take. The present study suggested that organizations as disparate from the industrial model as Mental Health Center can be analyzed through techniques such as the ICA communication audit. Our findings suggest that a contextual theory of organizational communication is a worthwhile objective for researchers' continued efforts.

NOTES

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²Complete tables for these comparisons are available on request from the senior author.

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